

TRANSMITTAL SLIP		DATE <i>10-18-69</i>	
TO: <input type="text"/>			
ROOM NO.		BUILDING	
REMARKS:  <i>Attached - status of Conference Delegates as of 28 October.</i>			
FROM: <input type="text"/>		<i>Coordinator</i>	
ROOM NO.	BUILDING	EXTENSION	

FORM NO. 241  
1 FEB 55REPLACES FORM 36-8  
WHICH MAY BE USED.

(47)

S-E-C-R-E-T

Status - Conference Delegates

Responses as of 28 October 1969

<u>Directorate</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
DCI -----	<u>0</u>	<u>0</u>	<u>0</u>
DDS -----	<u>4</u>	<u>4</u>	<u>8</u>
DDS&T -----	<u>0</u>	<u>1</u>	<u>1</u>
DDI -----	<u>4</u>	<u>1</u>	<u>5</u>
DDP -----	<u>11</u>	<u>5</u>	<u>16</u>
Grand Totals	<u>19</u>	<u>11</u>	<u>30</u>

Conference Coordinator

STAT.

S-E-C-R-E-T

STAT

Approved For Release 2006/04/13 : CIA-RDP72-00039R000100360006-4

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